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CONFIRMATION NO. 2895

SERIAL NUMBER 10766,760	FILING OR 371(c) DATE 01/27/2004 RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. 899-76335-02
APPLICANTS Michael L. Klein, Portland, OR; Dennis Schultz, Portland, OR;				
** CONTINUING DATA ***** This appln claims benefit of 60/443,214 01/27/2003				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/15/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY OR	SHEETS DRAWING 14	TOTAL CLAIMS 20
Examiner's Signature		Initials	INDEPENDENT CLAIMS 5	
ADDRESS 24197				
TITLE Gene mutation associated with age-related macular degeneration				
FILING FEE RECEIVED 708	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	